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R SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEA	TN BUT NOT RELATED TO T		(b) ASCVV							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY  19c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART 1 OR											
OF OPERATION	19b. CONI	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?									
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NOT WHILE AT WORK		E OF INJURY (AT HE ACTORY, FARM, ETC.)		OCATION STREET	CITY OR TOV	W	COUNTY	STATE			
sulted from:	Matural causes .	Accident	Suite Lings	TITLE (SPECIFY)	Undetermined ma	nner ,	DATE SIGNED	/-8/ 21817			
			F CEMETERY C	OR CREMATORY	Trad LOCATION		COUNTY	STATE MD.			
EI J	certify that I took esulted from:  UPE  ER'S NAME PRINT)  MATION, REMO	certify that I took charge of the remains of the sesulted from:  Particle of the sesulted from the sesulted from:  Particle of the sesulted from the session that the sesulted from the session that the session the session the session that the	certify that I took charge of the remains described above, held esulted fram: Violutal causes A. Accident Ser's NAME James A. Sterling, MD EMATION, REMOVAL [23b. DATE [23c. NAME O	certify that I took charge of the remains described above, held on Autoresulted fram: Proturol causes Accident Suicide  Suicide  ER'S NAME James A. Sterling, MD  SMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF THE PRINT PRIN	certify that I took charge of the remains described above, held an Autopsy , Inspect esulted fram: Statural causes , Accident Suicide , Hamicide TITLE (SPECIFY)  Ser'S NAME James A. Sterling, MD ADDRESS 320	certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry esulted fram: Valural causes , Accident Suicide , Hamicide , Undetermined management of the suicide , Hamicide , Ha	certify that I took charge of the remains described above, held an Autapsy I, Inspection II, Inquiry II, and it esulted fram: Viatural causes II. Accident Suicide II, Hamicide II, Undetermined manner II, TITLE (SPECIFY)  TITLE (SPECIFY)  MEDICAL EXAMINER  FER'S NAME James A. Sterling, ND ADDRESS 320 Main St Crisfi	certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X, and in my opinion esulted fram: Violural causes X, Accident Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY)  TITLE (SPECIFY)  MEDICAL EXAMINER SIGNED   ADDRESS 320 Main St Crisfield, MD  MATION, REMOVAL [23b. DATE ] 23c. NAME OF CEMETERY OF CREMATORY ] 23d. LOCATION			

AS LESS SELECTION OF THE SECOND SECON Weeks I I I agreement the total , was allow ten I . - 100 m. The lead of the last of the la 0.000 AREA-A TELESCOPE OF THE SECOND STATE OF THE SE THE SELECTION OF SELECTION Att - tengen of - 1999 we have a common to the common country. 

ID HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death element by the hospital or attending physician.

TO FUNDERS DIFFCTOR: After this certificate has been signed by the attending physician and completely littled in by the times of the desired for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the first prime the state that the state Dest. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPDRTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, then

medical examiner

certificate be executed within 24 hours after death. Page 4 may be

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE S

3

- 1	REGISTRAR				CERTII	ICATE OF DEATH	REG.	NO.				
1	DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR		
I	(TYPE OR PRINT)	arah		F.	Brad	shaw	1	6:15A M				
1	SEX		4 RACE			OF BIRTH	6. AGE (IN YEARS LAST		IF UNDER I YEAR			
	Female		White		10	- 9 - XXX 13	68	YRS	MONTHS DAYS	HOURS MIN		
1	BIRTHPLACE (STATE OR			WHAT COUNTRY?	8 MARRIE	D M NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
4	Maryla		USA		WIDOW	ED DIVORCED	Somers		- 10.0	MD.		
1	Crisfield		McCrea	HEACHITY, GIVE STREET A	al Ho	or other institution	120 USUAL OCCUPA ITYPE OF WORK FOR MOS Clerk		126. KIND C INDUSTRY, Retai	1 store		
1	JSUAL RESIDENCE (IF NUR 130. STATE Maryland	13b COUN Some	ITY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Marion		13d INSIDE CITY LIMITS?	Rt. 1 - Box 375					
1	4 FATHER'S NAME		MIDDLE	TAST		15. MOTHER'S MAIDEN NAM	ME					
1	Henry		MIDDLE	Ward		FIRST Nora	WIDDLE		Evans '	.ST		
1.	68. WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT						
	No	₩ 123. ON	- CHAROKDAIES)	218-09-7	155	William L. B	tradshaw -	Same a	s 13 a	bcde		
Г	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (o), by/and	d (c -)		K v	+	APPROX	XIMATE INTERVAL		
L	PART I. DEATH V	VAS CAUSE	D BY.	( 0	CA	inoma	1/60	him	In	Dratias		
	1541	IMMEDIAI	E CAUSE (a)				1		1-17	1-1100		
ı	1071		DUE TO, O	R AS A CONSEQUE	NCE OF		1		1000			
	Conditions, if ony		(b)_									
	gave rise to imi	mediate	DUETO	R AS A CONSEQUE	NCE OF							
	underlying couse	last.	( )	(10 1 001102002								
	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS	NTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERMI	INIAL DISEASE OF CO.	NDITION CIVE	CALIBLDADT I			
	NO				200,	THO THE TERM	INAL DISEASE ON CO	INDITION GIVE	NINFARITI	0.		
1	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES	, WERE FINDI	NGS LISED		
	<u> </u>						IN CERTIFYING CAUSES OF DEATH?					
1	210. ACCIDENT WAS UNI	DEBLYING F	1 216. TIME O	E IN ILIDY		11. 1101/11.1111111111111111111111111111	YES NO	YES		NO 🗌		
		The same of the sa		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN.	JURY IN ITEM 18 PA	ART I OR PART 2)			
	(IF EITHER NOTIFY MEDI			ν.	19							
	OR CONTRIBUTING (IF EITHER NOTIFY MED)  21d INJURY OCCUR	RED	21e PLACE	OF INJURY		211 LOCATION STREET	CITY OR	I COMPI	COUNTY	STATE		
1	WHILE NOT WE	HRE D	(AT HOME SIK	EET, FACTORY, OFFICE, FA	ARM, EIC )	/	1510	1		STATE		
ľ	22a.1 certify that (1)	(this hospit	al) attended the	Heceased Iron L.	111	28/8/ 19	10 20	199	0	that (I) (we) last		
	sow the decease	ed alve on	12	110/21		nd that in (my) (our) opinion d	leath occurred on the	date and hour				
	abave, (I) (we) (c	did did no	wiew the body	ofter death.		DEGREE		1	TRE DATE			
1		n	2	Kr.	1	ATTENDING	MOICAL ST	AFF	15	1000.		
4	AND RESIDENCE OF THE PER	4 1	) ' / 0 .	bar	hay	PHYSICIAN A	DIRECTOR   PHYS	ICIAN [	12	10/8		
1	274 PHYSICIAN'S N	AME ITHE	e service			22± ADDRESS				1 1		
1	Dr. Madl	nav Ba	rhan	THE DESIGNATION OF THE PERSON		Rt. 413, Cr	isfield. N	1d. 21	817	District N		
2	SE BURIAL CREMATION.	REMOVAL	23h DATE		IAME OF C	EMETERY OR CREMATORY	TM. LOCATION					
	Burial		12/12/	B1 Su	nnyri	dge Cemetery	Crisfie	ld S	OHETSE	4 - MD-		
2	A. FUNERAL DIRECTOR				10610	ld.Md.218	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Marie L	100			
1	HAME			ADDRESS	TOITE	TO LO STO BORNE	T 0.100.1	4	C			

Bradshaw & Sons Funeral Home, 306 W. Main St

DHMH - 16 50M 1/81 (VRA 15, 4)

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5	FOR - STATE			DEPARTMENT	OF HEALTH	MARYLAND H AND MENTAL I		3 3	2 3	2	
T	REGISTRAR	_		MIDDLE	NINER'S	CERTIFICATE C	2a. DATE KNO	REG. NO.	OAY YEAR	2b. HOUR	
SE CONTRACTOR SE	(TYPE OR PRINT)	MELB 14. RACE	5. DATE OF BIRTH	J. 16. AGE		TINGHAM  NDER I YR. IF UNDER	DEATH MA		8 1981 6 a		
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関する言葉イク	BIRTHPLACE (S FOREIGN COUNTRY)  Maryla		76. CITIZEN OF WE	IAT COUNTRY?	8. MARR WIDOV	NEVER MARR	IED U	city or coun	TY OF DEATH	ME	
AY IS THE 301 C	Marion	OF DEATH	(IF NOT IN SUCH FAI	PITAL, NURSING H	ESS)		12a. USUAL OCCUPATION FOR MOST OF WORKING Clerk		12b. KIND OF B OR INDUS Retail	USINESS	
304500 / IS	SUAL RESIDENCE LA STATE Maryland	13b, COUN'S Some	R OTHER INSTITUTION, GIV TY <b>rset</b>	13c. CITY OR TOW Marion	MISSION) /N	13d. INSIDE CITY LIMITS? YES NO TO	Rt. 1 - Bo	ox 342 -	Farm Market Rd.		
S I. S. I. S	Sherm		MIDDLE rafe	Justi	.ce	15 MOTHER'S MAID! FIRST Nel		Hi	nma n		
URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	NO. WAS DECEASE (YES, NO, OR UNKNO NO	D EVER IN U.S. ARA	WAR OR DATES)	16b. SOCIAL SEC 215-18-	URITY NO. 4548	Shirley A	Seaf 201- DE	Seaford, DE 19973			
124 HOU ITEM 18 ALONG V PERMIT. ICIENE, D	18 CAUSE O PART I DI	EATH WAS CAUSED	E CAUSE (o)	far (a), (b), and (c).  Myocardia  AS A CONSEQUEN	l Infa	retion			APPROXIMA BETWEEN ONS Insta		
ECUTED WITHIN 57" IN PENCIL IN AL EXAMINER , BURIAL-TRANSIT (ND MENTAL HY N) OR REMOVA	gave r	ns, if any, which ise to immediate ) stating the <u>under-</u> use last.	(b)	AS A CONSEQUEN	ICE OF						
3 7 2 4 5 P		IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 (a).			TELL	
CHIEF MENT OF HEAL	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH O	PERATION W	/AS PERFORMED?					
12 0 3 € 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IUNDERLYING	216. EXTERNAL CAUSE WAS  218. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  CONTRIBUTING OR  CONTRIBUTING OF DEATH  P.M. 19									
WRITING ARDED TAGE 3 SHORT DEPAIL	21d INTURY	NOT WHILE AT WORK		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)			CITY OR TOWN	cc	PINTY	STATE	
EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 212	226. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my opini death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY)  M.D. Deputy MEDICAL EXAMINER SIGNAL									/81	
MEDIC ECUTE TI GE 4 SH FUNER TER DEA	EXAMINER'S NAME James A. Sterling, MD ADDRESS 320 Main St.										
BP	Buria		3b. DATE 12/10/81			or CREMATORY  y Cemetery				STATE	
0HMH · 17 A15 ME (5)) 5M 7/77	4. FUNERAL DIRECT NAME Brads		s - Crisf	ield. MD.	21817		rec'd. by registrar   2 1 5 1981	SE REGISTRAR'S	SICUMUS		

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STATE OF MARYLAND

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STATE OF MARYLAND

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1	STATE     REGISTRAR			VEFARIA		ICATE OF I		SIENE -	REG. NO	2				
	CEASED NAME	FWST		MIDDLE		LAST		20. DATE O		MONTH	DAY	YEAR	26 HOUR	
		Agnes	2 19 F	M.	E	dwards				12	25	81	7:40A N	
1. SE	X		RACE		5 DATE (		YEAR	6 AGE (IN	YEARS LAST BIRT	(HDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS	
	Female		Negro		9	25		75		YRS		DATS	HOURS MIN.	
	Maryland	THE SN 7	b CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER	MARRIED	9 BALTIMO Som	MD					
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Ma Ma	AL RESIDENCE (IF N STATE TYLAND	136 COUNT	TY	13c. CITY OR TOW Marion		13d. INSIDE C	NO (V		ADDRESS O. 145	5				
	Sohr	1	HDDLE	GroppE	-	H	FIRST ENYIE	HA	WIDDLE		w	1/	INS	
	WAS DECEASED EVI YES, NO OR JUKNOWN)		NED FORCES? WAR OR DATES)	166. SOCIAL SECU		17 INFORMA	no	Bar	ADDRE	-11	Voris	or:	mo.	
	Canditions, if a gave rise ta i cause (a), sta underlying cat	IMMEDIATE  IMMEDIATE  ny, which mmediate iting the	DUE TO, O	R AS A CONSEQUE	ENCE OF						_ 8	10 -4	MATE INTERVAL ONSE AND DEATH  HILLORAL	
NOI	PART 2 OTHER SI	GNIFICANT CO		ontributing to a	Med Med	NOT PELATED	TO THE TERM	AINAL DISEAS	SE OR CONE	DITION G	IVEN IN I	PART 110		
CERTIFICATION	19s DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20s AUT	OPSY?	IN CER	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?			
	OR CONTRIBUTING	CAUSE OF DEAT	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTERN.	ATURE OF INJUR	Y IN ITEM II	B PART I OR	PARI 2)		
MEDICAL	WHAT AND ACT	west [7]	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATIO	N	_	CITY OR TOV	vn 1 -	col	COUNTY STATE		
	220.1 certify that saw the ece abave or we		Id d	2 192	/	nd that in (my)	_, 19 <u></u>	death accurre	d an the da	te and he	, 19_6 aur and fi	am the	that (   De) last causes stated	
	224. SIGNATURE	A	8h	eline.	all	DEGREE	TTENDING PHYSICIAN P	MEDICAL	STAF	F IAN []	22		-28-81	

to FUNERAL DIRECTOR, should be deteched for use with the State Dept. of Hen PORTANT, If he

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MA PAYSICIAN'S NAME (TYPE OR PRINT

236. DATE

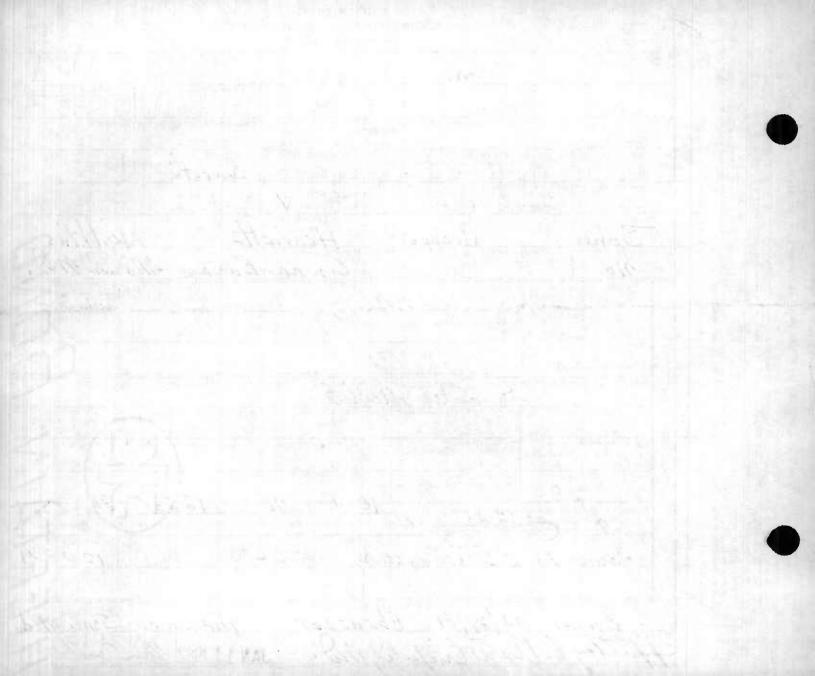
230 BURIAL, CREMATION, REMOVAL

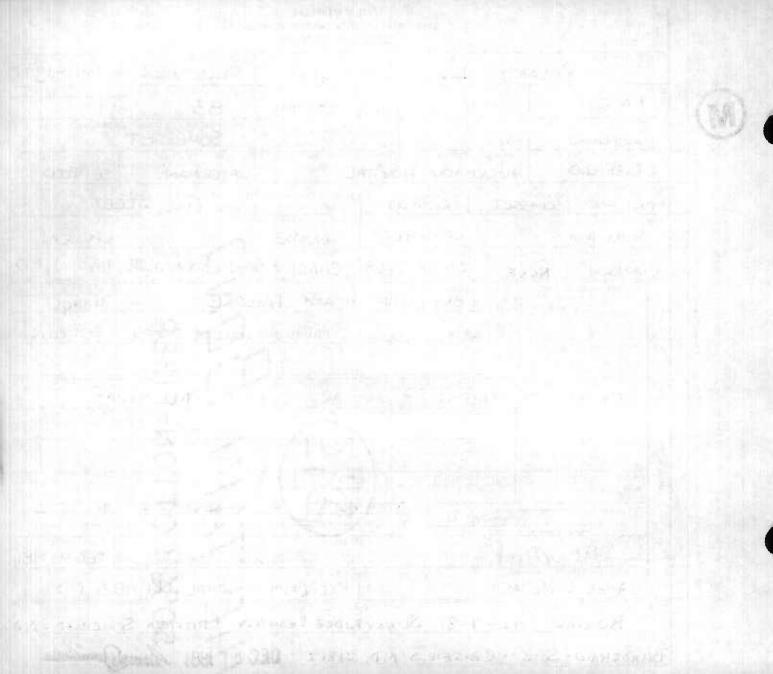
DHMH - 16 50M 1/81 (VRA 15, 4)

231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

250. DATE REC'D, BY REGISTRAR 25 HILLESTRAR'S SIGNATURE





BP.

STATE OF MARYLAND								
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE	6				
CEL	TIELC ATO	OF DEATH						

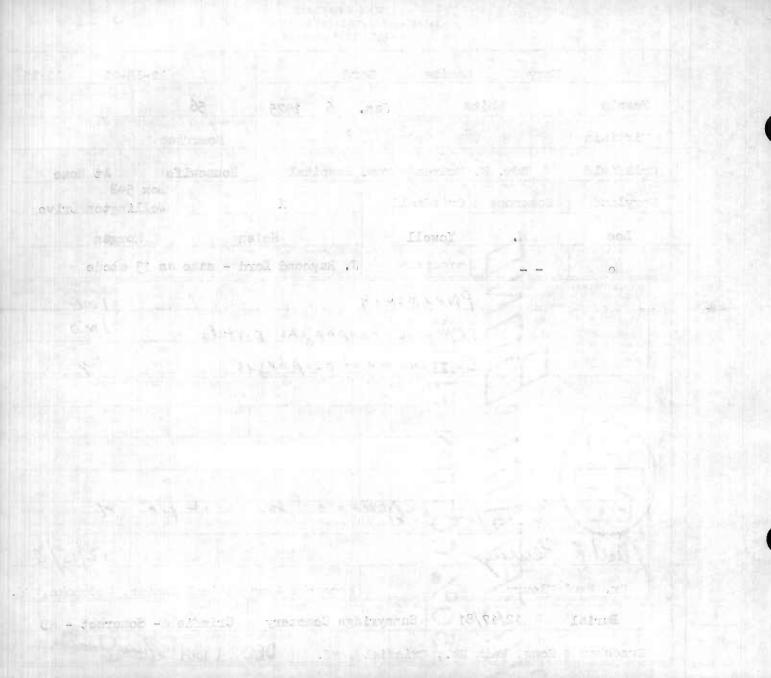
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DEC 2

	REGISTRAR				CERTIF	CATEOF	DEATH	REG.	NO				
	CEASED NAME	FIRST	C. III	MIGGLE	1	A\$T		20. DATE OF DEATH		DAY YEAR	26 HOUR		
(1177)	CARPRINI)	Mary		Louise	Lo	rd			12-1	5-81	12:15		
3 SE	X	1	I. RACE		5. DATE C			6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HR		
	Female		Whit	:e	Jan.		1925	56	YRS.	MONTHS BAYS	HOURS MI		
7a. BI	RTHPLACE (STATE OR	FOREIGN 7	b CITIZEN OF	WHAT COUNTRY	? 8	□ NEVED	MARRIED -	9 BALTIMORE CITY		Y OF DEATH			
	Virginia		U	ISA	WIDOWE	47	NARRIED -	Somers	set				
0. C	TY OR TOWN OF DEA	ATH I		HOSPITAL, NURSI		R OTHER IN	NOITUTITE	12g. USUAL OCCUPA			F BUSINESS		
	risfield		Edw. W.	McCread	y Mem.	Hosp:	ital	Housewi:		At He	ome		
13a S	AL RESIDENCE (IF NURS	136 COUNT	TY	13c. CITY OR TOV	WN 1	13d. INSIDE	CITY LIMITS?	13e. STREET ADDRES	Box	548			
_	aryland	Some	erset	Crisfie	ld	YES 🗌	NO 🕻		Well	ington	Drive		
14 FA	ATHER'S NAME	M	IDOLE	LAST		15 MOTHER	S MAIDEN NA	ME		LAS			
	Lee		М.	Yowell	•		Hel	len		lorgan			
	VAS DECEASED EVER		VAR OR GATES)	166 SOCIAL SEC		17 INFORM			RESS				
	No	-	-	218-14-	9932	J. Ra	ymond Lo	ord - same	as 13	abcde	6 4		
	18 CAUSE OF DEAT PART 1. DEATH W	H (Enter anly	ane cause per	r line far (o), (b), a	nd (c1.)					BETWEEN	MATE INTERVAL		
	PART I. DEATH W	AS CAUSED		PNEUM	ION 19					1 wk	-		
	1509												
	Conditions, if ony,	which	DUE TO, O	TRACKED	JENCE OF	opho	10 A1 1	- stula		1mc	5		
	gove rise to imn	nediote	(b)_			op ne	0	-13/44					
	couse (a), stating underlying cause		DUE TO, O	R AS A CONSEOL	JENCE OF	al C.	ophas			1,,,			
	DARL 2 OTHER SIGN	UEICANIA CO	(c)				77			17			
N	PART 2. OTHER SIGN	VIFICANT CO	JADII IONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GI	IVEN IN PART I	01		
CERTIFICATION	19a DATE OF OPERAT	TION	196 COND	ITION FOR WHICH	H OPERATION	WAS PERF	ORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED					
IFIC				5,7,5,7,7,7,0,0		EAI		IN CERTIFYING CAUSES OF DEATH					
ERT	21g ACCIDENT WAS UND	ERLYING	21b. TIME C	OF INJURY		21c HOW I	N JURY OCCUPE	YES NOU		res	NO 🗌		
-	OR CONTRIBUTING	AUSE OF DEAT	HOUR A.	M. MONTH D	DAY YEAR		JOHN OCCURN	TENTER NATURE OF IN	JUNT IN 11EM 18	PARTIGRARTZ)			
MEDICAL	(IF EITHER NOTIFY MEGIC			M.	19	81/ 4 5 6 : =	ION						
MEC	21d INJURY OCCURE		(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCAT	ION T	CITY OR	TOWN	COUNTY	STATE		
	AT WORK AT WOR	SK			- B/4 1:		71 -						
	22a.l certify that (I)		ol) ottended th	e deceased fram.	6.1	Mber	, , , ,		115		that (I) (we) I		
	saw the deceose obove, (I) (we) (o	id) (did not)		ofter deoth.	an-	d that in (my	) (our) apinion o	death occurred on the	dote and ho	our and fram the	causes stated		
	771. STONATURE	10			C	EGREE			F1= 11	22c. DATE	SIGNED		
	/ au K	Tel	Mey				PHYSICIAN [	MEDICAL ST	AFF ICIAN [	12/	15/8		
	12d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e. ADDRE	SS			1	1		
	Dr. Pau	1 Fleu	ıry			Pocon	oke Are	a Medical	Center	r. Pocom	oke. N		
	URIAL, CREMATION,	REMOVAL	23b. DATE	23 c.	NAME OF CE		CREMATORY	23d. LOCATION		7 - 0 0 0 1			
(	Burial		12/17/	81 S	unnvri	dge Ge	emetery	Cristie	1d- S	omerset	STATE		
						200	THE OUT A	OTTOTTE	בדמה א	Owerser	- MD		

DHMH - 16 50M 1/81 (VRA 15, 4) Bradshaw & Sons, Main St., Crisfield, Md.

FOR - STATE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a. DATE OF DEATH Middle Last DECEASED-NAME AROLYN 10<sup>38</sup> M (Type or print) Month Day 23 STERLING 81 IE UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years IE UNDER 24 HRS. 3. SEX last birthday) MONTHS HOURS White Female May 9. 1959 22 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED TO NEVER MARRIED country) USA WIDDWED [ DIVORCED Somerset Maryland O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.) At home McCready Memorial Hospital Crisfield DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 Housewfie 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY Somerset STATE Kingston YES NO X Box 83 - Rural Middle 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last Elizabeth Collins M. Gi bbons Vaughn within 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (Yes, no, ar unknawn) 215-82-0351 Jerry R. Sterling - same as 13 abcde pleose remove carbon popers. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) burrol-transit permit. Then crematian, 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO F YES 🖂 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY burial, DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner 9 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work D 22a. I certify that (1) (this haspital) attended the deceased alive an and that in (aur) apinian death occurred an the date and hour and fram the saw the deceased alive an causes stated abave, (1) (we) (did) (aid nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR DEGREE PHYS PHYS. 22e. ADDRESS 22d. PHYSICIAN'S M.D. Barhan, MD NAME (Type) Rt. 413 - Md. Ave. Ext. TO FUNERAL pe 21812 should to 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY DR CREMATORY (County) 23g. BURIAL CREMATION 23b. DATE REMOVAL (Specify) 12/27/81 Immanuel Cemetery Princess Anne - Somerset-MD. 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DHMH - 16 3/72 25M Bradshaws & Sons Crisfield, Md. (VR A15 (4))

STATE OF MARYLAND

r "---- n 1c from - Clark M. and C. Stammer M. and the file and a second second A CONTRACT OF STREET STREET OF STREET OF STREET

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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a 6													
Dept P		ECEASED-NAME First	Middle		Lost	2o. D.	ATE OF DEATH		2b. HOUR				
ale ale	(	(ype or print)	lia B.		Sterling	g	Month 2-14-8	1 Yeor	9:45 M				
S	3. SI	X	4. RACE		5. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN				
th th		Female	White		Jan.	19, 1893	lost birthdoy) 88 YRS.	MONTHS DATS	HOURS MIN				
lea will	70.	BIRTHPLACE (Stote or foreign 7	7b. CITIZEN OF WHAT COUNTRY?	8. MARRI	ED NEVER MARRIED	9. COUN	ITY OF DEATH	5/16/11					
e = =	COU	Maryland	USA	WIDOW		7	Somerset		Md.				
ا ا ا		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NOITUTITZN	If not in hospital		ATION (Kind of work done	12b. KIND OF B	JUSINESS OR				
haurs auld by death		Crisfield	give street oddress) Edw. W. McC			House  Inside city Limits?	orking life, even if retired.)  vife	At Ho	me				
	13o.	USUAL RESIDENCE (Where deceosed	13e. STREET AND NUMBER										
	Odin	ission) STATE Maryland	13b. COUNTY Somerset	Cris	rrera		Rt. 1 - Box 34	5-1 Gra	ce St.				
w hau	14.	FATHER'S NAME First	Middle Lost		IS. MOTHER'S MAIDE		Middle		Lost				
comple Pages nin 72		John	Thomas Ward			Nancy	Elizabeth	Maso	n				
y h		es, no, or unknown)   (If yes give war	D FORCES? Tor dates of service)  16b. SOCIAL SECURIT 216-20-		7. INFORMANT	Manula 7	Address	0 -2-3					
		No	210-20-	1909	Mrs. Maize	e Marshal	ll - same as 1		ATE INTERVAL				
ate b srcian n pap event,		18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (	c).)	0				ISET AND DEATH				
phys carba any		IMMEDIATE	BY: E CAUSE (0) RESPIRATOR	y Are	resi			IMME	DINTE_				
in g		7-27-2	DUE TO, OR AS A CONSEQUENCE O	F O	6000 11	A	0.1.20	YEM	oc .				
eath ttend remar		Conditions, if ony, which gove rise to immediate couse (o),	(b) ARTERIO SCU		- UHICLOVI	BOUGHTZ	DISEASE	AEU	5				
ne d ase wal,		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F									
at the c by the a remaval.		last.	(t)	NOT DELATE	TO THE TERMINAL DIS	CEACE OD CONDITIO	U CIVEN IN DADT 1/a)						
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  MULTIPLE BRUISES, PECENT CEREBORO UNSCULAR ACCUPENT											
uires th signed nit. Ther	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS		20o. AUTOPSY		20b. IF YES, WERE FINDINGS CO	NSIDERED IN CEI	RTIFYING				
red bern emo	FE	YES NO CAUSES OF DEATH?											
low ton.	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	210			of injury in Port 1 or Port 2, It	em 18.)					
The I hysicic harte harial burial	MEDICAL	OR CONTRIBUTING (AUSE OF DEAT (If either, notity medical exominer											
MN: ng pl ifica to 1	MED	21d. INJURY OCCURRED   21e. Pl	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		LOCATION Street or	R.F.D. No.	City or Town	County	Stote				
SICI/ endir cert the b		While Not while at work of work	OFFICE BUILDING, ETC.	1									
PHY offi offi offi offi offi offi offi off		22a. I certify that (I) (this	hospital) attended the decea	sed fram.	OCTOBER 21	, 1981 , 1	o pecemisery 19	80_, that	(I) (we) last				
tal or After the Name of After		saw the deceased aliv	ve an DECOMBER 14	19 81	and that in (my)+	<del>(our)</del> apinian de	eath accurred an the dat	e and haur a	nd fram the				
ATTENDING haspital at TOR: Affer ental Hygie		22b. SIGNATU	(I) (we) (did) (did not) view th	e bady att	er dearn.		1 22¢ D	ATE SIGNED					
e haspite ECTOR: /		220. SIGNATURE	Muchin	D	EGREE PHYS.	MED. DIRECTOR	CTAFF	2114/81					
the state of the s	1	22d. PHYSICIAN'S	O. O. 1 . 1 . 7		22e ADDRESS	2		01110					
retained by to FUNERAL D should be d af Health or		NAME (Type)	ES L. MCDANIEL	- MIC	MCC	READY +	DUBITAL						
D HOSPITAL retained by O FUNERAL shauld be of Health	23o.	BURIAL, CREMATION, 23b. DA			OR CREMATORY		OCATION (City or Town)	(County)	(Stote)				
retor		REMOVAL (Specify) 12	/16/81 Sunny	ridge	Cemetery	Cri	sfield - Some	- M					
DUMH 14 0 /70 05:		FUNERAL DIRECTOR	ADDRE			o. REC'D-BY REGIST	1 1UUT Madel	IGNATURE //	12 Gen				
DHMH - 16 3/72 25M (VR A15 (4))		Bradshaw & Sons	, Main St., Cris	field,	Md. DA	ATE WELL (a)	T 1901 NIWES	W.					

DESTRUCTION AREAS OF THESE - ... to be a first own - "forest take .... "h - min his a - Centrado - nialista de sesse ad aplicado de la properti DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

ould be

and 2

ave carbanpapers. Pages physician

attending

signed a

this certificate has been burial-transit permit. Mental Hygiene pria

shows

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marked or Item

MPORTANT: If Item uld be detached the State Dept.

Health and A

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI

	REGISTRAR				CERTIF	ICATE O	FDEATH		RFG.	NO.				
	1. DECEASED NAME	FIRST		MIDDLE	Ĺ	AST	T THE	2a DATE OF	DEATH	MONTH	DAY	YEAR	26 HOU	R
		Marga	retta		Ta	ylor				12	7	81	2:30	OP A
	3. SEX		4 RACE		5. DATE O	5. DATE OF BIRTH			ARS LAST I	BIRTHDAY)		IF UNDER I YEAR IF UNDE		
	Female		White	MONTH DAY YEAR 5 5 99			82		YRS	WONIHS	DAYS	HOURS	MIN.	
2	70 BIRTHPLACE (STATE COUNTRY)  Tndianna	OR FOREIGN	76 CITIZEN OF	MARRIE	8 MARRIED NEVER MARRIED WIDOWED MONORCED			9 BALTIMORE CITY OR COUNTY OF DEATH Somerset						
10 lo	Crisfield		Alice By	HOSPITAL, NURSIN HFACILITY, GIVE STREET Yrd Tawes	ADDRESS) Nurs			170 USUAL O				KIND O DUSTRY	F BUSINE	SSOR
r mustipe	Maryland	13b COU		ONE RESIDENCE BEFORE	N		CITY LIMITS?	Box 4			d Fa:	rm		
exomine 9	14 FATHER'S NAME FIRST William	Ι	MIDDLE Daniel	Stevens	on		R'S MAIDEN NA FIRST Marion	ME	WIDDLE			Cu	llen	
e medico	160 WAS DECEASED EV {YES, NO OR UNKNOWN}		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 125-10-8		Mr.	Alexan	der J		RESS Pr	inc	ess	Ann	e,
event, the	18 CAUSE OF DE PART I. DEATH	WAS CAUS!	nly one couse per ED BY: TE CAUSE (a)	line for (a), (b), and	は一 M	espi	ratoris	an	est	<b>)</b> -	8	APPROXI BETWEEN	MATE INTERV ONSET AND D	/AL DEATH
er fraumatic	Conditions, if o gove rise to couse (o), sta	immediate		R AS A CONSEQUE		Becu								
y, ar athe	PART 2 OTHER S	IGNIFICANT	(c)	ONTRIBUTING TO E		NOT RELAT	ED TO THE TERM	INAL DISEASE	OR CO	NDITION G	IVEN IN F	PART 116		
olu vuo	NO 190 DATE OF OPE			TION FOR WHICH				200 AUTO					IGS USFD	

21g. ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

OR CONTRIBUTING [ ] CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

CERTIFICA

MEDICAL

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2) 19 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

STREET

ATTENDING

CITY OR TOWN

NOS

COUNTY

IN CERTIFYING CAUSES OF DEATH?

YES [

STATE

NOF

220.1 certify that (1) (this hospital) attended the deceased from 

22b. SIGNATURE

22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22¢ DATE SIGNED

22d PHYSICIAN'S NAME (TYPE

23a BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION
CITY OF TOWN

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

etained by the

BP.

HOSPITAL

(SPECIFY) Burial

23b. DATE

P.M.

21e. PLACE OF INJURY

Anne:Somerset

ncess BY REGISTRAR 256. BEGIS ir. Alexander Jones, Brincess Arne, M Exercise in 140 per 1/2 48 piness and 1/3 Suring 12/81/81 st. Andrews Princers Anne; Somerset, J.S.